

IN HONOR OF

Date: _____ Amount: _____ Bill/Paid

Please enter names as they should appear on the bookplate.

IN HONOR OF: _____

FROM: _____

Please send notification card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please choose one:

- Adult Book - \$25 minimum
- Children's Book - \$15 minimum
- General Fund - Any amount

Place item at:

- Adams Memorial Library
- Caldwell Memorial Library

Name of staff member: _____

Please mail completed form to:

Adams Memorial Library
1112 Ligonier St
Latrobe, PA 15650
Checks payable to Adams Memorial Library